pplication No. (if known): 10/627,367-Conf. #2452

Attorney Docket No.: 05986/100K435-US1

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Fee Transmittal (1 page)

Petition for Extension of Time Under 37 CFR 1.136(a) (1 page)

Amendment Transmittal Letter (1 page)

Amendment in Response to Non-Final Office Action (26 pages)

Attachment A (Replacement Sheet of Figure 4) (1 page)

Information Disclosure Statement (2 pages)

Form PTO/SB/08 (1 page)

Copy of 1 cited reference (9 pages)

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Complete if Known

Effective	ve on 12/08/2004.		-	Complete if Known				
Fees pursuant to the Consolida	ated Appropriation				10/627,367-Conf. #2452			
FEE TRANSMITTAL Filing Date			July 24, 2003					
		L	First Named Inventor		Leon Axel			
For FY 2005			Examiner Name		B. M. Jackson			
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 3762				
TOTAL AMOUNT OF PAY	/MENT ((\$) 980.00		Attorney Docket No. 05986/100K435-US1				
METHOD OF PAYMENT (check all that apply)								
X Check Credit Card Money Order None Other (please identify):								
Deposit Account Dep	osit Account Numb	er: <u>04-0100</u> Dej	posit Accou	unt Name:		Darby & Darby	P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated belo	ow		Charge	e fee(s) i	ndicated below, ex	cept for the	e filing fee
	additional fee(s 37 CFR 1.16 a) or underpaym	ent of	x Credit	any over	payments		
FEE CALCULATION								
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEES	3					7
	•	G FEES		RCH FEES	EXAM	INATION FEES		
Application Type		Small Entity	Eac (\$)	Small Entity	Fee (\$	Small Entity	Fees Pa	aid (\$)
Application Type Utility	Fee (\$) 300	<u>Fee (\$)</u> 150	Fee (\$) 500	<u>Fee (\$)</u> 250	200	<u>Fee (\$)</u> 100	rees re	<u> </u>
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	000	0		
2. EXCESS CLAIM FEES	200	100	U	V	U	· ·		mall Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (include	ding Reissues)						50	25
				100				
Multiple dependent claims	•	,					360	180
Total Claims Extra	Claims Fo	ee (\$)	Fee Pa	aid (\$)	<u> </u>	Multiple Depende	nt Claims	
54 - 39 = 15 x 25.00 = 375.00			<u>.</u>	ee (\$) F	ee Paid (\$)			
HP = highest number of total cla	aims paid for, if gre	eater than 20.						_
Indep. Claims Extra	Claims Fe	ee (\$)	Fee Pa	aid (\$)				
8 -6=	2 × 10	00.00 =	200	.00				
HP = highest number of independent	ndent claims paid	for, if greater than	3.				·	_
3. APPLICATION SIZE FE If the specification and dr listings under 37 CFR sheets or fraction there	rawings exceed 1.52(e)), the a	application size	fee due	is \$250 (\$125 fe	•	<u>-</u>	•	
	Extra Sheets		•	ditional 50 or frac	tion there	eof Fee (\$)	Fee P	aid (\$)

Other (e.	g., late filing surcharge):	1806 Submission of 2252 Extension for re	180.00 225.00			
SUBMITTED B Signature	Sennier 14	na Jennifer Ying	Registration No.	35,418	Telephone	(212) 527-7769
	Pierre R. Yanney		(Attorney/Agent)	33,113	Date	August 16, 2006

(round up to a whole number) x

Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount)

4. OTHER FEE(S)